



Application for Membership

Please complete this application form legibly in all respects, using capital letters.

Type of Membership	1. Life <input type="checkbox"/> 2. Affiliate <input type="checkbox"/>			
General Information	Title <input type="text"/>	First Name <input type="text"/>	Middle Name <input type="text"/>	Last Name <input type="text"/>
Preferred Name (for mailing) <input type="text"/>				
Personal Information	DD MM YYYY (DOB) <input type="text"/> <input type="text"/> <input type="text"/>	Gender M <input type="checkbox"/> F <input type="checkbox"/>	Marital Status M <input type="checkbox"/> S <input type="checkbox"/>	Blood Group <input type="text"/> <input type="text"/>
Name of Spouse Is your Spouse a Dentist Number of Children Is your Spouse a Member of IDA <input type="text"/> Y <input type="checkbox"/> N <input type="checkbox"/> <input type="text"/> Y <input type="checkbox"/> N <input type="checkbox"/>				
Edu. Qualification	Graduation <input type="text"/>	University <input type="text"/>	Institute <input type="text"/>	Yr. of Passing <input type="text"/>
P.G. University Institute Yr. of Passing <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
Specialization Regd. No. State <input type="text"/> <input type="text"/> <input type="text"/>				
Practice Information	General Practice <input type="checkbox"/> Endodontics <input type="checkbox"/>			
Affiliation	Institute / Hospital <input type="text"/>			
Designation	Lecture <input type="checkbox"/> Asso. Professor <input type="checkbox"/> Professor <input type="checkbox"/> Dean <input type="checkbox"/> Director <input type="checkbox"/> Resident <input type="checkbox"/> Dental Surgeon <input type="checkbox"/> Others _____			

Practice Address

Practice Name

Address

Address

Area

City

Dist.

Pin Code

State

Mob.

Office Timing

Residential Address

Address

Area

City

Dist.

Pin Code

State

Tel. No.

Tel. No. 2

Subscription

A) Life Member
Rs. 5000/-

B) Affiliate Member
Rs. 7000/-

C) Life Member (International)
\$ 200

Banking Information

Account Name: **LACE**

Cash Cheque / DD

Account No. : **50272774233**

Cheque / DD No. Date Bank

Bank Name: **Allahabad Bank**

IFSC Code: **ALLA0212089**

Branch: **FODS, Lucknow**

Cash / Cheque or DD to be made in favour of "LACE" payable at Lucknow

For Office Use Only

LACE HO Address

Lucknow Academy
Of Conservative
Dentists & Endodontists
Dept. of Conservative
Dentistry & Endodontics
Faculty of Dental Sciences
King George's Medical
University, Lucknow

Official LACE Seal

Contact Person

Dr. Anil Chandra

Mob: 9415029863

Email: lacelucknow@gmail.com

Date & Sign.

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